



NATIONAL RESEARCH CENTER FOR
HEALTH DISPARITIES



CBRE



QUADRANGLE



CAPSTONE
DEVELOPMENT



HOWARD
UNIVERSITY





NATIONAL RESEARCH CENTER FOR
HEALTH DISPARITIES

2300 Georgia Ave NW
Washington, DC 20001

CBRE



DESIGNED FOR
DISCOVERY,
FUELED BY
PURPOSE



206,398 SF

Purpose-Built Research &
Development/Office Facility
with Expansion Capability







OUR MISSION



OUR MISSION

LAB AND OFFICE SPACE FOR LIFE-CHANGING RESEARCH

At the National Research Center for Health Disparities, innovators in science and medicine will work together to develop solutions to diseases that affect systematically marginalized communities worldwide.

The first phase of the Research Center will provide 206,398 square feet of industry-leading laboratory and office space—designed to empower incubators, established biotechnology/pharmaceutical companies, non-profits/foundations, and policymakers focused on addressing health disparities. The laboratory and office spaces will be flexible, allowing easy move in and quick expansion of tenants' operations. Collaboration areas will encourage and enable Research Center users to share ideas, engage with community members, raise awareness of critical initiatives, engage with federal and state policymakers, and provide information

on obstacles to and solutions for achieving equity within our healthcare system. Future phases will offer expansion opportunities up to 160,000 square feet.

Situated in Washington's lively Shaw neighborhood and immediately adjacent to the campus of historic Howard University, the Research Center will offer organizations and their workforce the ability to partner with the University's College of Medicine, hospital, and extensive undergraduate and graduate public health and STEM programs to foster the next generation of talent.



NRCHD ADVISORY COUNCIL

The National Research Center for Health Disparities will be a landmark lab space and keystone location for leaders in this vital effort.

Additional members to be named in the future

MEMBERS



**Dr. Wayne A.I.
Frederick**

PRESIDENT
EMERITUS

Howard University



Dr. Francis Collins

FORMER DIRECTOR

NIH



Dr. Reed Tuckson

FORMER CHIEF
MEDICAL OFFICER

UnitedHealth



Trustee Kevin Lofton

BOARD MEMBER

Gilead

“ The National Research Center for Health Disparities will foster collaboration between Howard University faculty and companies, non-profits, and foundations who will work together on the research and development of innovative solutions, including addressing health disparities and discovering new drugs and cutting-edge therapies.”

Dr. Wayne A.I. Frederick, President, Howard University



**Dr. Harriet
Washington**

AUTHOR & LECTURER
IN BIOETHICS

Columbia University



**Dr. Dorothy E.
Roberts**

PROFESSOR OF LAW
& SOCIOLOGY

UPENN



**Dr. Karen E.
Knudsen**

CEO

American Cancer Society



Dr. David Williams

CHAIR, DEPARTMENT OF
SOCIAL & BEHAVIORAL
SCIENCES

Harvard University



HEALTH DISPARITIES BY THE NUMBERS



Health disparities are complex, urgent challenges that directly impact millions of lives daily. Addressing disparities in health outcomes and achieving the highest level of health for all people—regardless of race, ethnicity, age, gender, or individual characteristics—requires collaboration from every part of the healthcare system. Government policymakers, hospitals, pharmaceutical companies, innovative start-ups, health-focused non-profits, and healthcare organizations all have a critical role in removing barriers to health equity. **The National Research Center for Health Disparities will be a landmark lab space and keystone location for leaders in this vital effort.**

01 **CANCER MORTALITY RATE**

Compared to other racial and ethnic groups, Black Americans have the **highest mortality rate for all cancers combined.**

02 **BLOOD PRESSURE AND STROKE RISK**

Black Americans are **1.4 times as likely to have high blood pressure** as non-Hispanic White Americans and 60% more likely to have a stroke.



03

DIABETES RATES

American Indians, Alaska Natives (AIAN) and Black Americans are **twice as likely to have diabetes** than non-Hispanic White Americans of similar age.

04

LIFE EXPECTANCY

As of 2018, **life expectancy among Black Americans was four years lower** than White Americans, with the lowest expectancy among Black American men.

05

INFANT MORTALITY

Black Americans have **2.4 times the infant mortality rate** as non-Hispanic White Americans.



06

MATERNAL HEALTH

Black women are **three times more likely to die from pregnancy-related causes** than White women; the pregnancy-related mortality rate for Black women aged 30-34 is four times that of White women.

07

SICKLE CELL ANEMIA

About 1 in 13 Black or African-American babies is born with the sickle cell trait. The average life expectancy for people with the most severe form of SCD is 30 years shorter than those without SCD.

BIG PHARMA'S BIG CHALLENGE

Pfizer

“Pfizer and many others have been working for a long time to try to **address the barriers that limit health equity**. While important progress has been made, we must challenge the norm.”



Albert Bourla

CEO,
PFIZER



“We are acutely aware of the role that access to our medicines can play in improving the lives of patients and their families, which is why we are doing all we can to ensure greater health equity... Our focus on inclusion and diversity is at the very heart of who we are as a company... we **won't rest until true health equity is a reality.**”



Giovanni Caforio

CEO, BRISTOL
MYERS SQUIBB

Medtronic

“Health systems are part of the problem. We need to be a **part of the solution**. One area that we can contribute to is in the area of technology. Medtronic can uniquely look out for patient populations that are underserved and under-resourced and bring technology to them.”



Dr. John de Csepel

CHIEF MEDICAL
OFFICER, MEDTRONIC

Johnson & Johnson

“Events in recent years, as well as startling statistics on equity around the world, have kick-started long overdue conversations about the impact of systemic racism on health outcomes. Our approach to DEI is constantly evolving and growing to **anticipate and address these urgent needs.**”



Joaquin Duato

CEO, JOHNSON &
JOHNSON

Genentech

“We can no longer accept this status quo. To break this cycle of inequity and create a world where all patients can access investigational medicines, we must come together as industry leaders to **take bold and decisive action.**”



Quita Highsmith

VICE PRESIDENT
AND CHIEF
DIVERSITY OFFICER,
GENENTECH



“We must strengthen our current efforts to create an inclusive culture and expand our work to **address health disparities and their root causes.**”



Greg A. Adams

CHAIRMAN AND
CEO, KAISER
PERMANENTE

illumina

“We have a moral imperative to **increase the visibility of this global health problem** and help find solutions for the children and families who are suffering.”



Francis deSouza

PRESIDENT AND
CEO, ILLUMINA

Takeda

“To solve for the inequities that exist today, we need to be able to **address the social determinants of health**, including economic stability and education, and ensure that patients who need medicines can access them. While this endeavor is vast, we can all agree on both the moral and business imperative for addressing health inequities. And, as business leaders, it is our role to help drive this change by embedding health equity into every aspect of decision-making.”



Christophe Weber

CEO,
TAKEDA



MISSION-DRIVEN COLLABORATION WITH HOWARD UNIVERSITY

Howard University's planned \$1.4 billion investment in a new hospital, health sciences complex, and STEM center—all to be completed by 2026—will be a key addition to the existing life sciences infrastructure at the University and in greater Washington, D.C.

HOWARD'S HEALTH COMMITMENT & INVESTMENT

\$785M

in New Academic
Facilities

\$650M

in New Howard
University Hospital

\$122M

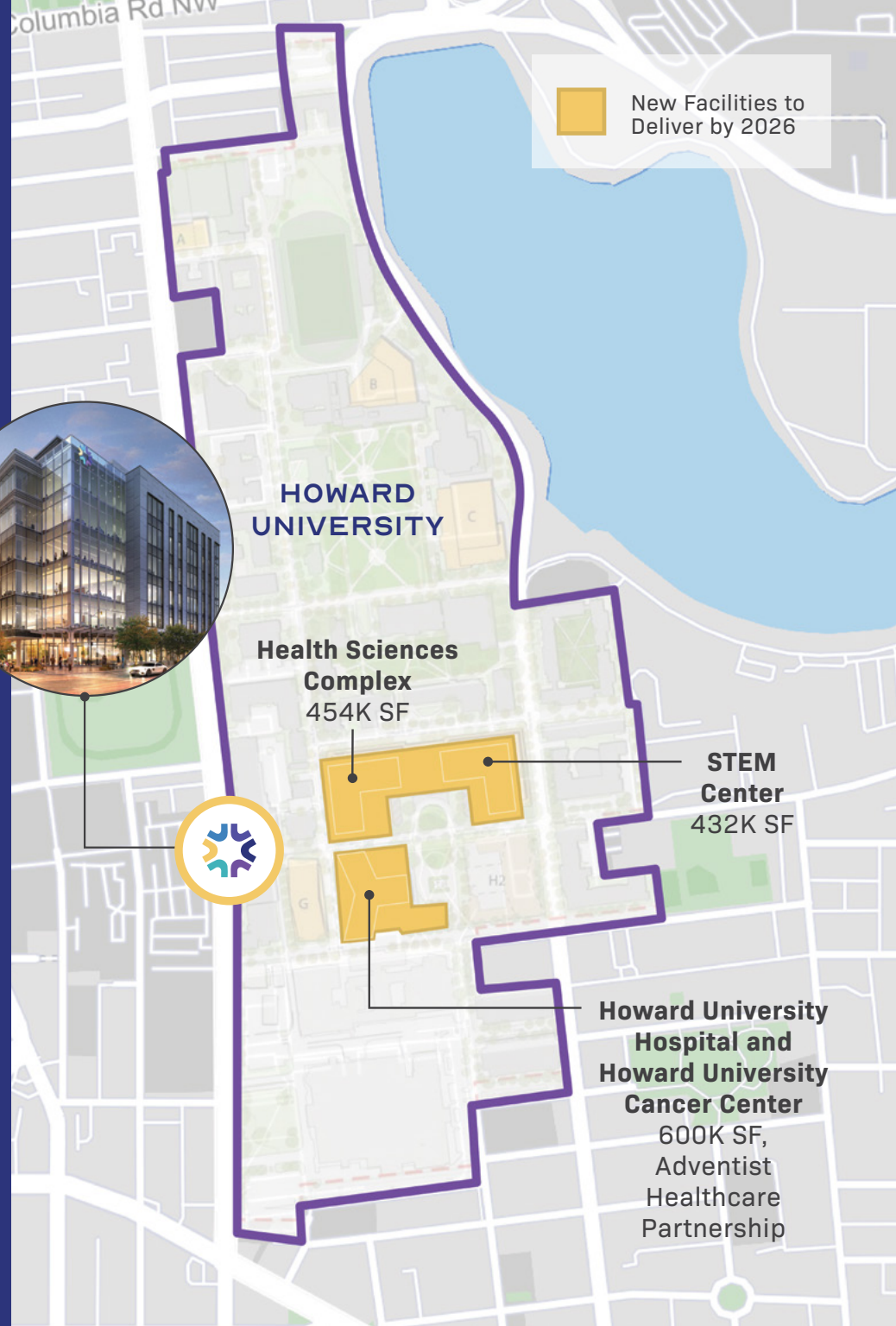
in Research
Fundraising
FY 2022

#2

University for PhDs
Awarded to Black
Scholars

#1

Training Institution
for Minority
Physicians



 New Facilities to
Deliver by 2026

HOWARD
UNIVERSITY

Health Sciences
Complex
454K SF

STEM
Center
432K SF

Howard University
Hospital and
Howard University
Cancer Center
600K SF,
Adventist
Healthcare
Partnership





LOCATION OVERVIEW



D.C.-MARYLAND BIOTECH REGION

THE D.C. REGION IS A WORLD-RENOWNED LIFE SCIENCE ECOSYSTEM.

#2

U.S. MARKET IN
SIZE

35M SF of R&D &
GMP Space

#2

U.S. MARKET IN
TALENT

1 of 4 U.S. Markets
with **>25K Scientists**

#3 in Annual Science
Degrees (4,500+)

#4

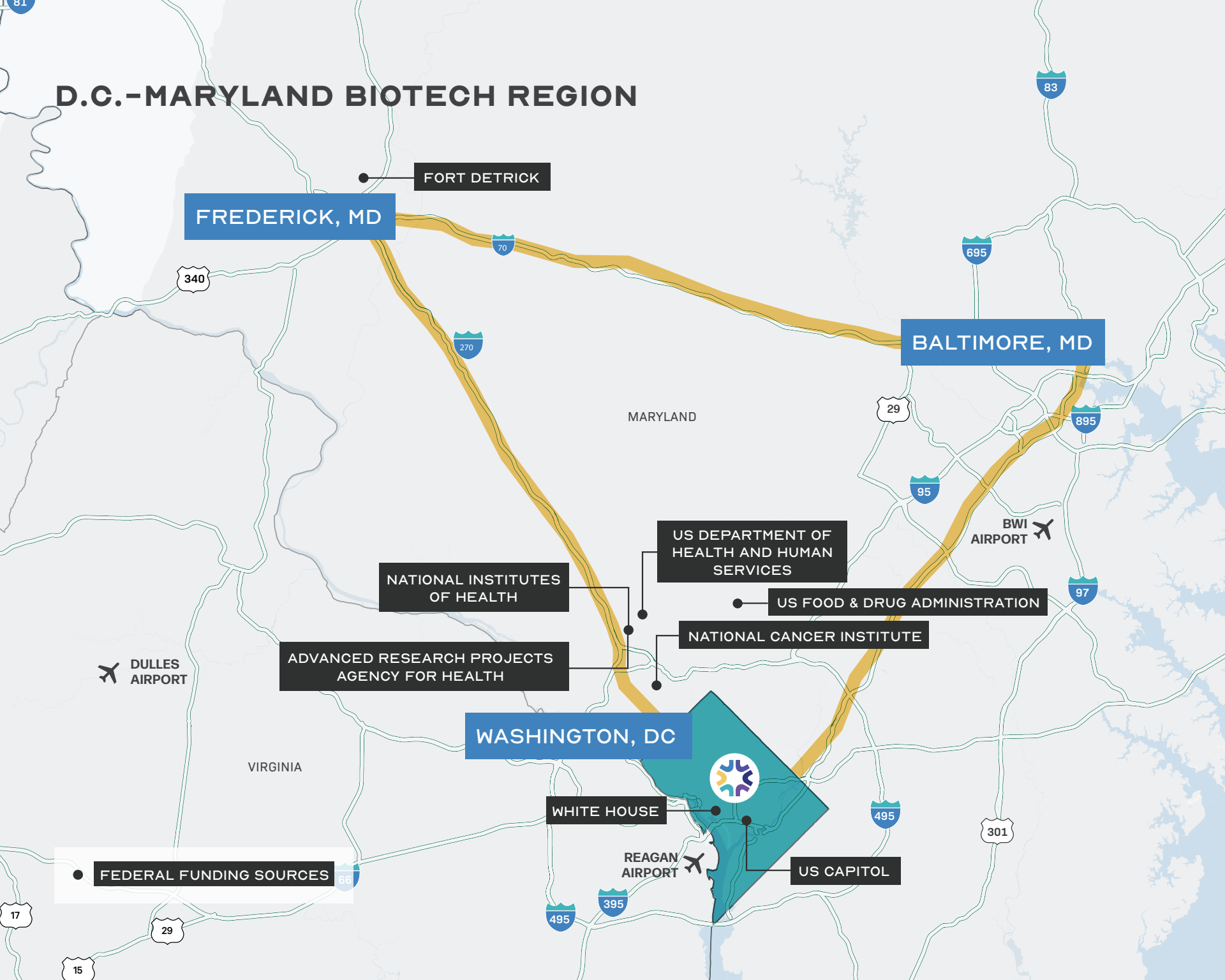
U.S. MARKET IN
FUNDING

\$2.9B in NIH
Funding
(Fiscal Year 2022)

\$882M in Venture
Capital Funding



D.C.-MARYLAND BIOTECH REGION



15.6M SF

PRIVATE SECTOR TENANCY



19.2M SF

PUBLIC HEALTH AGENCY LABS



WORLD-CLASS UNIVERSITIES & COLLEGES



PUBLIC HEALTH NON-PROFITS





THE CAPITAL CLUSTER

THE NATIONAL RESEARCH CENTER WILL BE A KEYSTONE LOCATION FOR LIFE SCIENCES, NON-PROFITS, FOUNDATIONS, AND POLICY MAKERS FOCUSED ON HEALTH DISPARITIES IN THE DISTRICT OF COLUMBIA.

With the ability to capitalize on NIH, DC, federal, venture capital, and other significant funding sources, Research Center tenants taking advantage of the location and mission will drive the continued growth of the Eds and Meds and public policy cluster in the region and the city. With its proximity to Congress, the Executive Branch, the U.S. Department of Health and Human Services, and the National Institutes of Health, the Research Center offers tenants unique access to policymakers and the opportunity to create positive change at the highest levels.





BE IN THE CENTER OF IT ALL

THE NATIONAL RESEARCH CENTER FOR HEALTH DISPARITIES WILL BE EMBEDDED IN THE SHAW/U STREET CORRIDOR—THE DISTRICT'S DINING, SHOPPING, ENTERTAINMENT, AND CULTURAL HEART.

The Research Center will have direct access to public transportation, allowing tenants to seamlessly navigate a city with endless possibilities.

3 MIN

U STREET
METRO STATION

15 MIN

REAGAN NATIONAL
AIRPORT

40 MIN

DULLES
INTERNATIONAL
AIRPORT

15 MIN

UNION
STATION

77

TRANSIT SCORE
(EXCELLENT TRANSIT)

WITHIN A 10 MINUTE WALK FROM



40

RESTAURANTS
& RETAILERS



5

GROCERY
STORES



12

LIVE MUSIC
VENUES

93

WALK SCORE
(WALKER'S PARADISE)











BUILDING SPECIFICATIONS



BUILDING SPECIFICATIONS

OVERVIEW

ADDRESS	2300 Georgia Avenue NW
BUILDING TYPE	Purpose-built lab & research
BUILDING SIZE	221,168 SF
TYPICAL FLOOR SIZE	41,280 RSF
LAND AREA	44,000 SF

BUILDING STRUCTURE

STRUCTURE	Concrete
FOUNDATION	Piles
FLOOR-TO-FLOOR HEIGHT	
2ND-6TH FLOORS	15'0"
TYPICAL DESIGN FLOOR LIVE LOAD	
LAB/OFFICE	100lbs/PSF
MECHANICAL	150lbs/PSF
COLUMN SPACING	22' x 35' typical bay
LOADING	4 bays

ELECTRIC CAPACITY

LAB	12 W/RSF
OFFICE	4-5 W/RSF
LAB SUPPORT	20 W/RSF
EMERGENCY BACK-UP	5 W/RSF

MECHANICAL SYSTEMS

LAB	1.6 CFM/SF
OFFICE	0.3 CFM/SF
PARKING RATIO	0.5 spaces/1,000 SF

ESG INITIATIVES

EV CHARGING STATIONS	10
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LEED GOLD INITIATIVE

STACKING PLAN

TOTAL BUILDING SPACE

221,168 RSF

AMENITY

9,823 SF

LEVEL 2-6

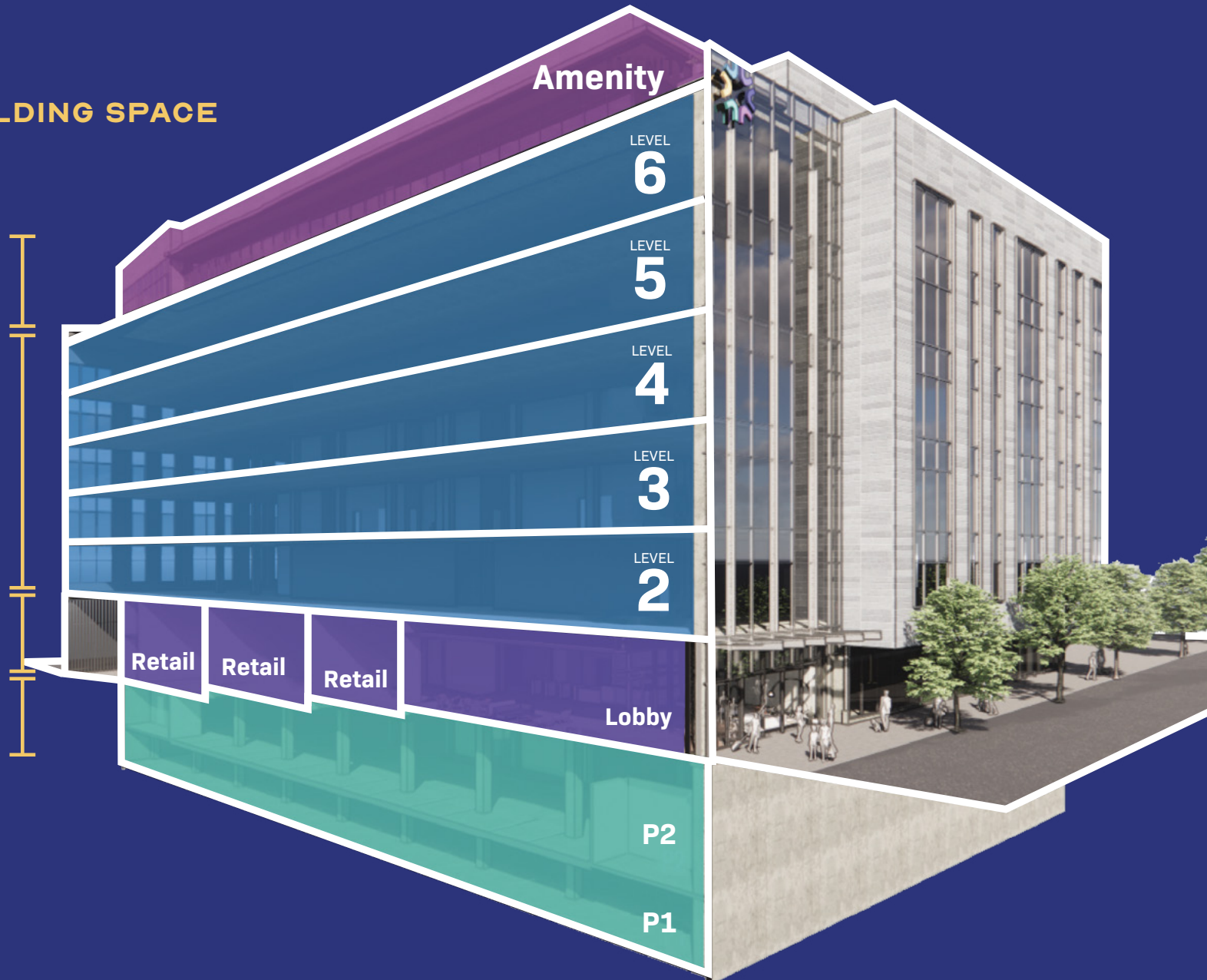
41,280 RSF

15' Floor-to-Floor

LEVEL I

14,770 RSF

100+ Parking Spaces





FLOOR PLANS

Lobby Level

14,770 RSF

- LOBBY
- RETAIL
- CORRIDOR
- LAB
- SUPPORT



Rooftop Amenities

9,823 SF










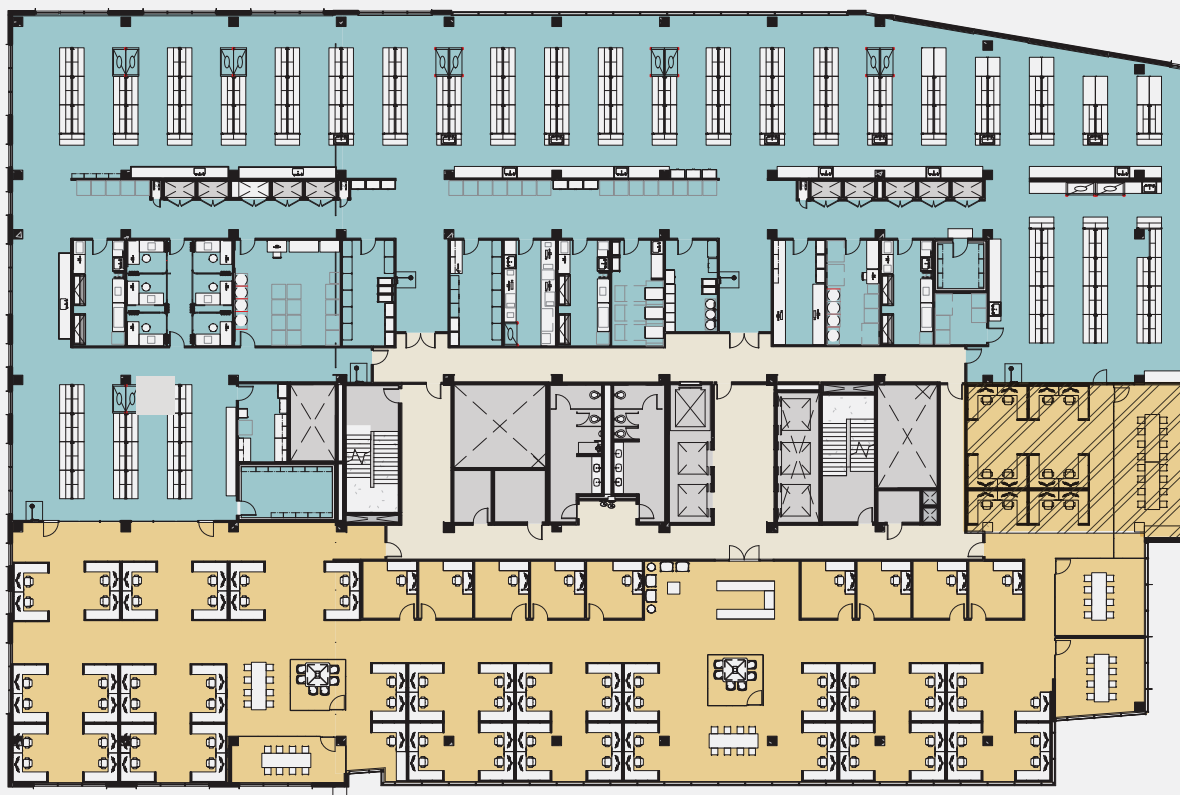
FLOOR PLANS

FLOORS 2-6 HYPOTHETICAL LAYOUTS: 31,569 RSF

Research & Development

41,280 RSF

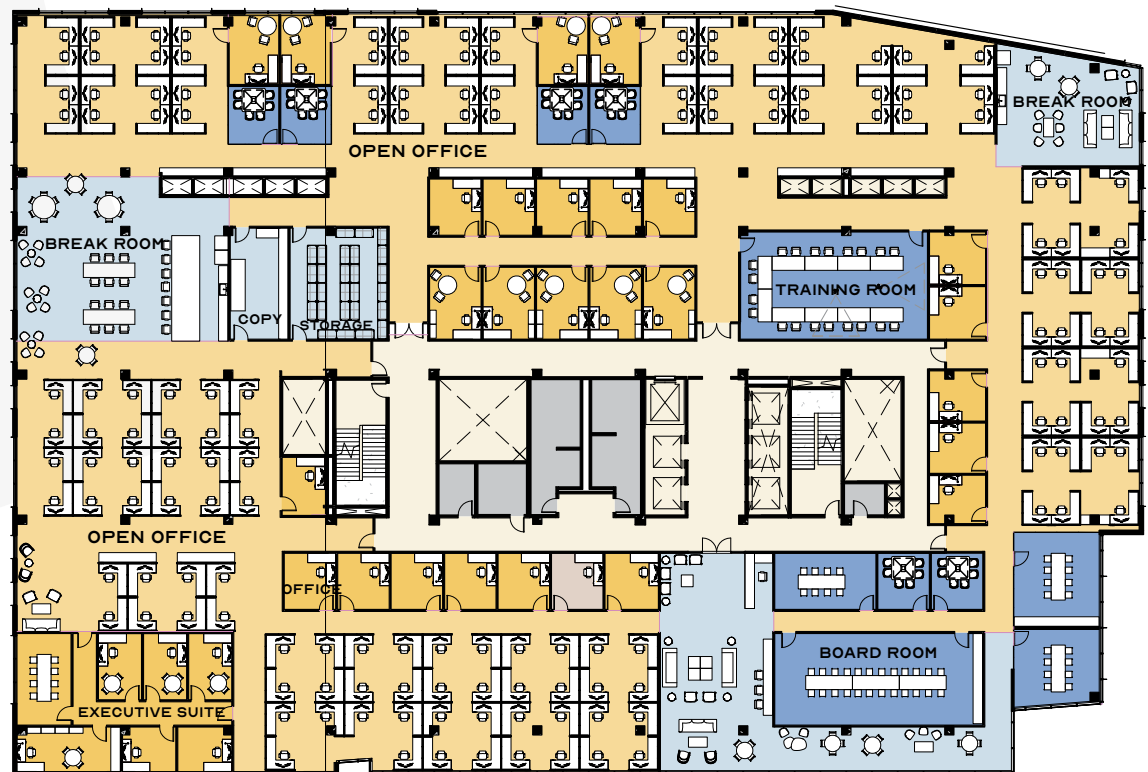
-  OFFICE
-  LAB
-  CORRIDOR
-  SUPPORT
-  SWING SPACE.
MEP DESIGNED TO
SUPPORT LAB OR
OFFICE



Office

41,280 RSF

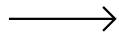
- OFFICE
- PRIVATE OFFICE
- CORRIDOR
- OFFICE SUPPORT
- MEETING SPACE





DEVELOPMENT TIMELINE

Lead Tenants'
Lease
Executions



MONTH 2

Finalize
Preconstruction
& Design



MONTH 5

Building
Permits
Received



MONTH 7

Construction
Commences



→ **MONTH 25**

Start Tenant
Buildout

→ **MONTH 31**

Complete Base
Building

→ **MONTH 34**

Tenant
Occupancy





NATIONAL RESEARCH CENTER FOR
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FOR LEASING INFORMATION, PLEASE CONTACT:

FRANK GRAYBEAL

+1 301 215 4114
FRANK.GRAYBEAL@CBRE.COM

KEVIN REAP

+1 301 215 4109
KEVIN.REAP@CBRE.COM

TOMMY CLEAVER

+1 202 585 5544
THOMAS.CLEAVER@CBRE.COM

DAN GRIMES

+1 202 585 5731
DAN.GRIMES@CBRE.COM

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